



Department of
Agriculture

Governor John R. Kasich • Lt. Governor Mary Taylor
Director David T. Daniels

Division of Livestock Environmental Permitting
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Inspector Click here to enter text.

Date of Inspection Click here to enter a date.

Inspection Start Time Click here to enter text.

Type of Inspection

1st Routine ☐ 2nd Routine ☐ 3rd Routine ☐ Other ☐

Facility

Owner\Operator

Name	Click here to enter text.			Name	Click here to enter text.		
Address	Click here to enter text.			Address	Click here to enter text.		
City	Click here to enter text.	Zip	Click here to enter text.	City	Click here to enter text.	Zip	Click here to enter text.
Phone	Click here to enter text.			Phone	Click here to enter text.		
Email	Click here to enter text.			Email	Click here to enter text.		

Contact Person

Name	Click here to enter text.	Telephone	Click here to enter text.
Email	Click here to enter text.	Cell	Click here to enter text.

Permit Information

Permit Number	Click here to enter text.	Expiration Date	8/24/2014
Permit Modification	none	Effective Date	Click here to enter a date.
Major Operational Change	none	Effective Date	Click here to enter a date.

Certified Livestock Manager

Name	Certificate Number	Expiration Date	CEUs / Date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Bio-security Information:

Inspector followed facility or industry bio-security plan

Yes ☐ No ☐ N/A ☐

(whichever is more stringent)

Click here to enter text.

I. FACILITY OPERATION INFORMATION

Number and Type of Animals

Animal Type	Existing Number of Animals (leave blank if facility is new)	Maximum Number of Animals (for new or expanding facilities)
Slaughter and feeder cattle	Click here to enter text.	Click here to enter text.
Dairy heifers	Click here to enter text.	Click here to enter text.
Mature cows (milked or dry)	Click here to enter text.	Click here to enter text.
Swine over 55 pounds	Click here to enter text.	Click here to enter text.
Swine under 55 pounds	Click here to enter text.	Click here to enter text.
Laying hens	Click here to enter text.	Click here to enter text.
Broilers	Click here to enter text.	Click here to enter text.
Pullets	Click here to enter text.	Click here to enter text.
Other:	Click here to enter text.	Click here to enter text.

Number of Employees	Click here to enter text.
Type of Feed System	Click here to enter text.

II. WATER SYSTEM

Water Supply Sources

- Is there a well located at the facility?

Yes ☐ No ☐ N/A ☐

How Many? Click here to enter text.

- Is water treatment used?

Yes ☐ No ☐ N/A ☐

If so, where does back flush go?

Click here to enter text.

Drinking Groundwater Sampling

- Are records of the groundwater sampling analysis properly recorded in the operation record?

Yes ☐ No ☐ N/A ☐

List the dates of the last samples taken.

Groundwater Sample Results

Date	Well	Nitrate	TCR
Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Groundwater Monitoring

- Are groundwater monitoring wells required?
If yes, list results.

Yes ☐ No ☐ N/A ☐

Date	Well	Nitrate	Total P
Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Agricultural Drainage Well

- Is there indication of an agricultural drainage well (Class V well) on the property?

Yes ☐ No ☐ N/A ☐

Click here to enter text.

If yes, is the agricultural drainage well likely to have runoff?

Yes ☐ No ☐ N/A ☐

Click here to enter text.

Other Waste, Chemicals and Contaminants

- Is there a sanitary permit for this facility?

- If yes, does the sanitary go to the manure storage and treatment facility?

Click here to enter text.

Yes ☐ No ☐ N/A ☐

- If yes, is it permitted to do so?

Yes ☐ No ☐ N/A ☐

- Are all other waste, including medical waste, cleaning solutions, pesticides, fertilizers, herbicides and other contaminants stored/handled in a manner that will not discharge into a manure storage or treatment facility?

Yes ☐ No ☐ N/A ☐

- If no, provide brief explanation and if the discharge into the manure storage or treatment facility is permitted/allowed.

III. MANURE STORAGE AND TREATMENT FACILITIES

Type of Manure

(check all that apply)

Liquid ☐ Solid ☐

• **Annual manure analysis on file?**

Click here to enter text.

Yes ☐ No ☐ N/A ☐

Manure Sample Results (Solids measured in #/ton – liquid measured in #/1,000g)

Source Structure	Date	Moisture %	NH ₄	Organic n	P ₂ O ₅	K ₂ O
Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

• **Type of manure storage or treatment facility:**

(Check all that apply)

Fabricated Structures

☐

Manure storage pond

☐

Manure treatment lagoon

☐

Combination

☐

Fabricated Structure

• **Type of fabricated structure:**

(Check all that apply)

Stacking pad/bunker/etc

☐

Concrete block or stave pit

☐

Deep pit

☐

Above ground tank (metal/concrete/other)

☐

High-rise

☐

Manure storage barn (for belt-battery, etc)

☐

Compacted earthen floor concrete pit

☐

Other

☐

Click here to enter text.

- **Is there a six-inch minimum of freeboard for all storage structures containing liquid manure or subject to precipitation/runoff?**

Yes ☐ No ☐ N/A ☐

Click here to enter text.

- **Are records maintained on storage capacity or manure volume?**

Yes ☐ No ☐ N/A ☐

Click here to enter text.

Structure	Date	Maximum Operating Level	Current Manure Level	Storage Remaining
Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.

- **Is there evidence in the operating record of regular inspections of the manure storage or treatment facilities for erosion, leakage, animal damage or discharge?**

Yes ☐ No ☐ N/A ☐

Click here to enter text.

- **Do the inspections match the frequency in the manure management plan?**

Yes ☐ No ☐ N/A ☐

Click here to enter text.

- **Are these regular inspections properly recorded in the operating record?**

Click here to enter text. Yes ☐ No ☐ N/A ☐

Manure Storage Pond or Manure Treatment Lagoon

- **Type of manure storage pond or manure treatment lagoon (and approximate dimensions)**

(Check all that apply)

Earthen manure storage pond ☐ Earthen manure treatment lagoon ☐ N/A ☒

(Explain number of ponds/lagoons, type of liner system installed (plastic, re-compacted soil, insitu soil, etc.))

Click here to enter text.

- **Is there twelve-inches of freeboard, plus the volume needed to contain the appropriate design storm, if the structure is subject to rainfall and runoff?**

Yes ☐ No ☐ N/A ☐

Click here to enter text.

- **Are records maintained on storage capacity or manure volume?**

Yes ☐ No ☐ N/A ☐

Click here to enter text.

Structure	Date	Maximum Operating Level	Current Manure Level	Storage Remaining
Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.

- **Is there evidence in the operating record of regular inspections of the manure storage or treatment facilities for erosion, leakage, animal damage or discharge?**

Yes ☐ No ☐ N/A ☐

Click here to enter text.

- **Is there evidence in the operating record of weekly inspections of stormwater conveyances, diversion devices and devices channeling contaminated stormwater to the manure storage pond or manure treatment lagoon?**

Yes ☐ No ☐ N/A ☐

Click here to enter text.

- **Do the inspections match the frequency in the manure management plan?**

Yes ☐ No ☐ N/A ☐

Click here to enter text.

- **Are these regular inspections properly recorded in the operating record?**

Yes ☐ No ☐ N/A ☐

Click here to enter text.

- **Is the level indicator(s) conspicuously located and properly functioning in the manure storage pond or manure treatment lagoon?**

Yes ☐ No ☐ N/A ☐

Click here to enter text.

- **Is the vegetation near the manure storage pond or the manure treatment lagoon properly maintained?**

Yes ☐ No ☐ N/A ☐

Click here to enter text.

- **Are the maintenance inspections for stormwater conveyances, runoff diversion structures, devices channeling contaminated stormwater, etc. properly recorded in the operating record?**

Yes ☐ No ☐ N/A ☐

Click here to enter text.

IV. MANURE MANAGEMENT

- Is the schedule for manure removal or manure residual removal outlined in the manure management plan? Yes ☐ No ☐ N/A ☐

Click here to enter text.

- List the number of acres utilized for land application. (Include both land that is owned and land that is leased).

Acres owned	Click here to enter text.
Acres leased	Click here to enter text.
Other land	Click here to enter text.
Total acres	Click here to enter text.

- Was manure applied on snow-covered or frozen ground? Yes ☐ No ☐ N/A ☐

* If so, was the application site approved for application?

Yes ☐ No ☐ N/A ☐

Click here to enter text.

- Is manure distributed through Distribution and Utilization methods?

Yes ☐ No ☐ N/A ☐

Click here to enter text.

- If Distribution and Utilization method of manure removal was used, were Appendices A, B, F and the most recent manure analysis given to the recipient of the manure?

Yes ☐ No ☐ N/A ☐

Click here to enter text.

- Is the record for the Distribution and Utilization of manure maintained in the operation record? Yes ☐ No ☐ N/A ☐

Date	Source	Amount	Destination
Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Soil Characteristics

- Are all soil analysis properly recorded in the operating record for the last five years? (The analysis records must be taken every three years) Yes ☐ No ☐ N/A ☐

Click here to enter text.

- Are the soil samples representative of a land application site with one composite soil sample representing no more than twenty-five acres or one composite soil sample for each land application site, whichever is less? Yes ☐ No ☐ N/A ☐

Click here to enter text.

- Do any fields exceed 150 ppm of Phosphorous on the BrayP1 test?

* If so, list those fields.

Yes ☐ No ☐ N/A ☐

Click here to enter text.

Nutrient Budget

- Is commercial fertilizer used?

Yes ☐ No ☐ N/A ☐

*If so, list amount of commercial fertilizer used

Click here to enter text.

- Are the date, rate, quantity and method of application of the nutrient, and/or form and source of manure, commercial fertilizer, and/or other organic by-products properly recorded in the operating record?

Yes ☐ No ☐ N/A ☐

Click here to enter text.

Cropping Schedules

- Is the cropping schedule for each site, including past year and present year, properly recorded in the operating record?

Yes ☐ No ☐ N/A ☐

Click here to enter text.

- Is the crop yield for each site properly recorded in the operating record?

Yes ☐ No ☐ N/A ☐

Click here to enter text.

- Is the actual crop yield for each site properly recorded in the operating record?

Yes ☐ No ☐ N/A ☐

Click here to enter text.

Application Records

- If liquid manure is applied, are drain plugs being used?

Yes ☐ No ☐ N/A ☐

Click here to enter text.

- If liquid manure is applied, are observations of subsurface drains properly recorded in the operating record?

Yes ☐ No ☐ N/A ☐

Click here to enter text.

- Has the equipment for land application been inspected, maintained and properly recorded in the operating record?

Yes ☐ No ☐ N/A ☐

Click here to enter text.

- Are there records in the operating record on soil conditions at times of application, such as soil cracks?

Yes ☐ No ☐ N/A ☐

Click here to enter text.

- **Are application rates and nutrients applied in accordance with ODA rules for nitrogen and phosphorus?**
Yes ☐ No ☐ N/A ☐

Click here to enter text.

- **Are liquid application rates based on the Available Water Capacity chart?**

Yes ☐ No ☐ N/A ☐

Click here to enter text.

- **Are there records of general weather conditions, temperature and rainfall 24 hours before and after manure applications?**

Yes ☐ No ☐ N/A ☐

Click here to enter text.

- **Are setbacks maintained and properly recorded in the operation record?**

Yes ☐ No ☐ N/A ☐

Click here to enter text.

- **Is there evidence of documented use of vegetative cover to protect stream channels?**

Yes ☐ No ☐ N/A ☐

Click here to enter text.

V. INSECT AND RODENT CONTROL

- **Is the insect and rodent control plan properly implemented by the owner or operator or manager?**
Yes ☐ No ☐ N/A ☐

Click here to enter text.

- **Does the insect and rodent control plan describe the inspection frequency to examine pest's populations and pest activities?**

Yes ☐ No ☐ N/A ☐

Click here to enter text.

- **Are these inspections properly recorded in the operating record?**

Yes ☐ No ☐ N/A ☐

Click here to enter text.

Operating Records

ODA Inspection Results

Date	Barn	Flies	Larve	Beneficials	Date	Barn	Flies	Larve	Beneficials
Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

- **Is proper maintenance of the watering system properly recorded in the operating record?**

Yes ☐ No ☐ N/A ☐

Click here to enter text.

- **Are daily inspections of drinking water lines being made and recorded in the operating record?**

Yes ☐ No ☐ N/A ☐

Click here to enter text.

VI. MORTALITY MANAGEMENT

- **What type of mortality management does the facility have?**

Click here to enter text.

- **Are there inspection records properly recorded in the operating record on mortality?**

Yes ☐ No ☐ N/A ☐

Click here to enter text.

- **Are Best Management Practices being utilized?**

Yes ☐ No ☐ N/A ☐

Click here to enter text.

VII. OPERATING RECORD – GENERAL

- **Are all operating records up-to-date and available for review by the inspector?**

Yes ☐ No ☐ N/A ☐

Click here to enter text.

- **Is a copy of the RCC, PTI, PTO and/or NPDES permit with the operating record or located in the site office?**

Yes ☐ No ☐ N/A ☐

Click here to enter text.

- **Have the operating records been retained by the owner or operator for a minimum of five years?**

Yes ☐ No ☐ N/A ☐

Click here to enter text.

- **Since the last inspection, have any operational changes been made at the facility?**

Yes ☐ No ☐ N/A ☐

Click here to enter text.

VIII. VISUAL INSPECTIONS AND OUTSIDE INFORMATION

Water Quality Impacts

- **Is there evidence of actual offsite discharge?**

Yes ☐ No ☐ N/A ☐

Click here to enter text.

- **Are there areas of concern for water quality impacts?**

Yes ☐ No ☐ N/A ☐

Click here to enter text.

- Is the water well location maintained in a proper manner to avoid contamination?

Yes ☐ No ☐ N/A ☐

Click here to enter text.

Describe the upkeep and general appearance of the following

	Above Average	Average	Below Average	Poor	Comments
Dikes and Diversion Ditches	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Berms	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Embankments	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Pipe Runs	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Grassed Waterways	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Vegetative Cover	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Settling Basins	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Feed System	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Drainage Areas	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Watering System	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Walkways or Walk Areas Inside Building	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Walkways or Walk Areas Outside Building	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Ventilation Systems, i.e. Fans	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Others	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

VIII. SUMMARY

Were the results of the inspection discussed with the owner, operator, manager, representative or livestock manager?

Yes ☐ No ☐ N/A ☐

Required Actions:

Reminder Actions:

Recommended Actions:

The results will be sent to

"I certify that this information was reviewed with the owner, operator, manager, or representative of the facility."

Signature of Inspector

Date

Attachment:

Cc: